Mind
Oxfordshire

We have been fighting
for better mental health,
for everyone for over 55 years.

For support. For respect.
For you.

Oxfordshire Mind
Supported Housing

Internal Evaluation

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Aims of this evaluation

This evaluation is one of a series of reports evaluating different services provided by Oxfordshire Mind. This evaluation aimed to review the following:

◆ How do Oxfordshire Mind supported housing services support people who have a mental health condition and are homeless or insecurely housed?

◆ What outcomes do they seek to achieve, and do they achieve them? Are there any circumstances that affect outcomes?

◆ How cost effective are Oxfordshire Mind supported housing services?

What we do – Oxfordshire Mind Supported Housing

Oxfordshire Mind is contracted via Oxford Health and the Oxfordshire Mental Health Partnership (OMHP) and funded by Oxfordshire County Council and local NHS commissioners to provide transitional housing services for short term stays (up to two years) to support people with severe and enduring mental health problems and, separately, by South Oxfordshire District Council (SODC) and Vale of White Horse District Council (VOWH) to provide temporary accommodation in Wallingford (up to 12 months) along with intensive interventions to prepare for sustainable independence for people with low level mental health and drug/alcohol problems.
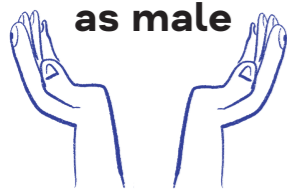

Who we support

117 people
were resident in Oxfordshire Mind housing during the financial year 2022/23.
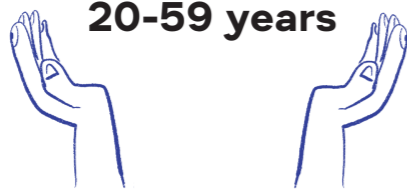
■ Most were referred on discharge from hospital or another mental health service

■ Most were diagnosed with mental health conditions in clusters 7-12, which include psychotic conditions and non-psychotic challenging conditions

64% identified as male

92% were aged 20-59 years

69% identified as White British

In a snapshot of current residents in August 2023

The most common primary diagnostic categories recorded for residents were emotionally unstable personality disorder (16%) or psychosis (16%),

Many residents had more than one mental health diagnosis. The most common diagnoses overall, including secondary diagnoses, were anxiety (24%) and depression (23%).

What outcomes do we achieve?

For individuals

88% of people who were resident during 2022/23 and left Oxfordshire Mind housing left with a successful move on. Almost two thirds of those who moved on successfully moved into social housing.

Over a longer time period, 78% of completed stays in Oxfordshire Mind housing that started since April 2020 have ended with a planned move-on, of which two thirds (69 individuals) resulted in a move into social housing.

Average scores improved in nine of the ten domains of the recovery star (identity and self-esteem, living skills, managing mental health, relationships, trust and hope, self-care, work, responsibilities and social networks), but not in the 'addictive behaviour' domain.

Overall recovery star scores have improved or remained stable for two thirds of people resident during 2022/23. Around a fifth of scores declined slightly and a small proportion reported a larger decrease. This may reflect shorter periods of time that some people in the cohort had been resident.

For the system

The cost of a single days' care for someone admitted to hospital funds a week or more of support in Oxfordshire Mind's supported housing.

OMHP (Oxfordshire Mental Health Partnership) and district councils spend **£111** per bed week for Oxfordshire Mind housing, compared to a weekly cost of between **£2,387** and **£4,809** for inpatient care (based on PRSSU data, 2022). This equates to a weekly saving of **£2,297** and **£4,698** per week during a person's residency within Oxfordshire Mind supported housing.

The savings to the health and care system continue in the longer term. Successfully moving on to independent living from supported housing is associated with savings of **£1,600** per person from primary care and **£5,800** savings per person in inpatient costs each year. Extrapolating from earlier research (Killespy et. al., 2019) for 103 people who were resident in Oxfordshire Mind supported housing since 2020 and who successfully moved on, the estimated saving to the system is over **£700k**.

How the service responds to individual needs and priorities

◆ Residents were positive about support from house staff. They highlighted developing positive routines, including being encouraged to take positive risks, regular keyworking with a focus on their interests, abilities and strengths and comfortable and convenient accommodation.

◆ Staff described demands associated with accommodating an increasing proportion of residents with complex challenges alongside vulnerable peers. However, having on-site house teams means staff are close to situations in properties and usually able to resolve incidents quickly. Some residents reported fearing or experiencing intimidation, being taken advantage of, and being involved in conflicts and disagreements. Partner organisations have reported similar challenges and noted the impact of managing this range of needs on efficiency and outcomes across the partnership.

◆ Moving on to live independently was an important milestone. Some residents said, however, that they would have liked more support after transition to their own homes. These are issues beyond the scope of Oxfordshire Mind's contracts, but an awareness of local provision is relevant for Oxfordshire Mind staff, who reported that other local organisations seemed to lack capacity to provide this support.

◆ Whilst residents expressed confidence in house staff teams, some did not feel confident to use the on-call system or to access help from other services.

◆ Residents valued the difference Oxfordshire Mind had made to their lives, frequently summarised as a feeling that they had 'got their lives back'.

Conclusions

How do Oxfordshire Mind supported housing services support people who have a mental health condition and are homeless or insecurely housed?

Oxfordshire Mind supported housing provides day-to-day keywork and practical support in communal living and single accommodation with access to housing workers either in the same premises or in a nearby premises.

Most residents were referred from inpatient and community mental health services and most had been diagnosed as having mental health conditions in clusters 7-12, which include psychotic conditions and non-psychotic challenging conditions. Many residents become homeless while in care/treatment or were unable to return to a family home.

Residents receive regular keywork sessions from a dedicated team based in the house itself or in nearby accommodation. They were encouraged to build a regular routine that incorporated building social networks, taking part in physical activity, hobbies and other activities and spending time outside. Many received support from house staff to access and maintain engagement with other clinical treatment and support. Residents valued close and supportive relationships with keyworkers and house staff. The use of a dedicated house team allows Oxfordshire Mind to provide more consistent, comprehensive, and reliable support to   or floating support and may mean that residents with greater levels of complexity and support needs can be accommodated. As a result, evictions are low (no residents have been evicted in the last two years) and most move-on within the target of two years or less.

What outcomes do they seek to achieve, and do they achieve them? Are there any circumstances that affect outcomes?

Oxfordshire Mind housing services use mental health recovery stars (MHRS) to measure progress towards holistic recovery outcomes. Residents are expected to move into independent housing within two years.

Analysis of MHRS data suggested that most residents made progress towards recovery outcomes during the time in which they were resident (54% improved between first and most recent recovery star). Average scores increased in each individual domain except 'addictive behaviour', suggesting that alcohol or other drug use may have an impact on overall mental health recovery. Alcohol and other drug use and barriers to collaborative working with drug and alcohol support services have also been highlighted in previous reports, as has providing support to individuals with autism and learning disabilities. In addition, there was some evidence that accommodating individuals with increasingly complex health and social needs may have an impact on residents' experiences of living in supported housing. 88% of residents moved on successfully and two thirds of those who moved on moved into social housing. When residents did not move into their own accommodation, destinations included accommodation shared with family or friends, or other supported accommodation. Amongst people resident during 2022/23, the median time spent in Oxfordshire Mind housing up to 31st March 2023 was 80 weeks (approximately 18 months).

How cost effective are Oxfordshire Mind supported housing services?

The cost of Oxfordshire Mind supported housing is low in comparison to costs of hospital inpatient or social care accommodation from which residents are often referred. OMHP (Oxfordshire Mental Health Partnership) and district councils spend **£111** per bed week for Oxfordshire Mind housing, compared to a weekly cost of between **£2,387** and **£4,809** for inpatient care (based on PRSSU data, 2022). This equates to a weekly saving of **£2,297** and **£4,698** per week during a person's residency within Oxfordshire Mind supported housing.

Savings to the health and care system continue in the longer term. Mental health recovery and successful moving on to independent living is associated with savings of **£1,600** per person from primary care and **£5,800** savings in inpatient costs each year. (So, for the 103 people who were resident in Oxfordshire Mind housing since 2020 and who successfully moved on, costs to the system may have been reduced by over **£700k**.) (Killespy et al, 2019).

Recommendations

◆ Work with partners to improve advance sharing of information about the needs of prospective residents, to ensure services remain fit for purpose.

◆ Review and improve systems for recording information about the range of conditions that may have an impact on residents' outcomes (such as alcohol and other drug use, learning disabilities and autism) and use this to identify ways to work more effectively with people facing additional barriers to achieving their goals.

◆ Review joint working arrangements with local drug and alcohol treatment and recovery services and establish stronger links with partnership-wide networks for developing strategies for supporting people with co-occurring mental health and alcohol and drug use conditions.

◆ Review our learning and development offer to ensure we retain a wide range of Continuing Professional Development opportunities, including neurodiversity and alcohol/drug use, and ensure staff have time to apply learning and are supported and encouraged to do so.

◆ Continue to build strong links with other local organisations that can provide additional support.

◆ Seek to further develop existing provision for preparing for independent living, including strengthening support networks and access to community resources, building skills and confidence to seek support (including on-call if needed).

◆ Investigate opportunities to build links with partners where transition to independence requires more gradual step-down